



City of Rockville
Department of Neighborhood and Community Services
Landlord/Tenant Affairs
32 Courthouse Square • Rockville, MD 20850-2364 • 240-314-8219

OFFICE USE ONLY

Open Date _____

Closed Date _____

Case # _____

Landlord/Tenant Complaint Form

All information requested must be furnished (please type or print clearly, incomplete or illegible applications will be returned)

| NAME OF APARTMENT COMPLEX/PROPERTY LOCATION | | | |
|---|------------------------------------|---|------------------|
| PLEASE PRINT CLEARLY OR TYPE | NUMBER, STREET, CITY, STATE, & ZIP | | |
| | | | |
| PROPERTY OWNER | NAME | MAILING ADDRESS — IF DIFFERENT FROM ABOVE | TELEPHONE NUMBER |
| | LAST | | WORK |
| | FIRST | | HOME |
| TENANT'S NAME | LAST | | WORK |
| | FIRST | | HOME |
| MANAGING AGENT (IF APPLICABLE) | LAST | | WORK |
| | FIRST | | HOME |

I. Complaint: _____

☐ Security Deposit ☐ Lease ☐ Notice to Vacate ☐ Property Condition ☐ Other _____

II. State specific complaint (attach additional pages if necessary) _____

III. State what action(s) will resolve your complaint _____

I hereby certify that the statements made on this form and in the attached documents are true and complete to the best of my knowledge, information and belief. (If there is more than one landlord/tenant on the lease, all parties must sign this complaint form.)

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

WHITE COPY – Department

YELLOW COPY – Landlord

PINK COPY – Tenant